FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	ON	Office use only
NAME OF COMMITTEE (in a	(Check if name I is changed)	Example: If typying, type over the lines	12FE4M5
Joe Donnelly I	For Congress		
ADDRESS (number and s	P.O. Box 1961		
(Check if address is changed)	South Bend		
OOMMITTEE'O E MAN	CIT	Y. ▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI			
COMMITTEE'S WEB PAGE ADDRESS (URL)			
www.donnellyforuscongress.com			
COMMITTEE'S FAX NUMBER 5742343441			
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION NUMBER C C00393652			
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete Type or Print Name of Treasurer Pete Mullen			
Type or Print Name of Treasurer Pete Mullen			
Signature of Treasurer Electronically Filed by Pete Mullen Date Date			
NOTE: Submission of fal	se, erroneous, or incomplete information may subj		
Ott:	, at the state of	1	
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	